

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, ID 83702-5642

REGISTRATION FOR ARCHITECTURAL INTERN

I hereby submit my qualifications to the Idaho State Board of Architectural Examiners for registration as an Architectural Intern in Idaho under the provisions of Idaho Code 54-309(g), and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Mailing address _____
Street/PO Box City State Zip

3. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
(Proof of age must be attached. A certified copy of your birth certificate is acceptable.)

4. Home phone _(____)_____ **Business phone** _(____)_____ **E-mail** _____

5. NCARB File Number _____ (Certification of current enrollment in the NCARB "IDP" program with a record in good standing must be received before your registration will be valid. The applicant must instruct NCARB to forward the required certification directly to the Bureau office.)

6. Insert the requested information below:

Employer Name, Company, & Address:	IDP Supervisor Name & Address:	IDP Mentor Name & Address:

7. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned? []Yes []No
(If Yes, a copy of the charges and the final order must be received before your application will be processed.) 54-305. I.C.

8. Have you ever been convicted of any State or Federal felony? []Yes []No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.) 54-305. I.C.

10. Have you practiced architecture or represented yourself as an architect prior to this application? []Yes []No
(If Yes, please attach a supplemental explanation.) 54-305. & 54-310. I.C.)

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I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Laws and Rules governing the practice of Architecture in Idaho and that I understand the obligations required by Idaho Code 54-309(2)(g) and Board Rule 375 and will conduct my internship under the direct and immediate supervision of the above named supervisor. I understand that my internship registration shall become immediately null and void in the event I am determined to be ineligible for licensure.

I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for registration or licensure. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20____.

(seal)

Notary Public official signature
my commission expires _____